

(1) PLACE OF BIRTH
County of Anderson
Township of Marble

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
63041

Inc. Town of Registration District No. 307 Registered No. 60
(For use of Local Registrar)
City of Anderson St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. William Edwin Thomas If child is not yet named, make supplemental report as directed

(3) BOY-OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1
To be answered only in case of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH June 2nd 1914
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Edwin Thomas</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Winnie Fagg</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Tru # 4</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Tru # 4</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)
(12) BIRTHPLACE <u>Franklin Co. Ga.</u>	(18) BIRTHPLACE <u>Anderson Co. S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was live at 9 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Milford M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson # 8

Given name added from a supplemental report 191....
..... Registrar
(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 1st 1914 (28) R. P. Robinson Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
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FORM NO. 1, 1913. PRINTED AT THE STATE BOARD OF HEALTH, COLUMBIA, S. C. BY THE STATE OF SOUTH CAROLINA. THIS FORM IS TO BE FILLED OUT BY THE PHYSICIAN OR MIDWIFE ATTENDING THE BIRTH OF THE CHILD, AND MUST BE FILED IN THE OFFICE OF THE STATE REGISTRAR OF BIRTHS, DEATHS AND MARRIAGES, COLUMBIA, S. C. WITHIN TEN DAYS OF THE DATE OF BIRTH.